

AGENDA ITEM TRANSMITTAL
CONSENT ☐
DISCUSSION ☐
PUBLIC HEARING ☐
AGENCY/DEPT. USE
CEO REVIEW
☐ **Concur**
☐ **Do Not Concur**
☐ **Exempt**
CLERK USE ONLY
TO: BOARD OF SUPERVISORS COUNTY OF ORANGE
FROM:
CONTACT FOR INFORMATION (NAME AND PHONE)

NAME

PHONE

NAME

PHONE

MEETING DATE
SUBJECT
SUPV. DIST
SUMMARY OF REQUEST (Description for Agenda)
ADDITIONAL DATA
PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:
FUNDING SOURCE(S)
CURRENT YEAR COST
ANNUAL COST
BUDGETED? ____ YES

____ NO

WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL?
☐ **NO** IF YES, STATE NUMBER ____ PERMANENT ____ LIMITED TERM

CONSISTENT WITH BOARD POLICY?
☐ **YES** ☐ **NEW ITEM OR EXCEPTION**
RECOMMENDED ACTION
CONCURRENCES (If Applicable)
ATTACHMENTS

DATE

AGENCY OR DEPARTMENT AUTHORIZED REPRESENTATIVE